

## Notice of Change in Benefits

School: \_\_\_\_\_ Date: \_\_\_\_\_

Dear \_\_\_\_\_:

We have reviewed the free or reduced-price eligibility determination of **[names of children]** because:

- \_\_\_\_\_ You contacted us with additional information.
- \_\_\_\_\_ We became aware of an error in processing or a change in federal policy.

The review has determined that:

- ☐ Your children's eligibility has not changed. It remains \_\_\_\_\_ Free \_\_\_\_\_ Reduced-Price.
- ☐ Starting **[date]**, your children's eligibility for meals will be changed **to free** because your income is within the free meal eligibility limits. Your children will receive meals at no cost.
- ☐ Starting **[date]**, your children's eligibility for meals will be changed **to reduced-price** because your income is over the free meal limit but within the reduced-price meal eligibility limits. Reduced-price meals cost **[\$]** for lunch and **[\$]** for breakfast.
- ☐ Starting **[date]**, **your children are no longer eligible** for free or reduced price meals for the following reason(s):
- \_\_\_\_\_ Records show that you are not receiving SNAP (formerly Food Stamps) or TANF at this time.
- \_\_\_\_\_ Your income is over the limit for free or reduced-price meals.
- \_\_\_\_\_ You requested to be changed to another category.
- \_\_\_\_\_ Your household size decreased.

Meals cost **[\$]** for lunch and **[\$]** for breakfast. If your household income goes down or your household size goes up, you may submit a new application.

If you disagree with this decision, you may discuss it with **[name]** at **[phone]**. You also have the right to a fair hearing. If you request a hearing by **[date]**, your children will continue to receive free or reduced price meals until the decision of the hearing official is made. You may request a hearing by calling or writing to: **[name]**, **[address]**, **[phone number]**.

Sincerely,

**[signature]**

**Non-Discrimination Statement:** This explains what to do if you believe you have been treated unfairly.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any

USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410
- (2) Fax: (202) 690-7442; or
- (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

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